



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
DAM AND RESERVOIR SAFETY  
**APPLICATION TO RENEW REGISTRATION PERMIT**

PERMIT NO.	DATE
------------	------

**GENERAL INFORMATION**

DAM OWNER  
☐ SOLE PROPRIETOR    ☐ PARTNERSHIP    ☐ CORPORATION

OWNER

OWNER'S ADDRESS

CITY	STATE	ZIP CODE
------	-------	----------

TELEPHONE NUMBER (REQUIRED)  
(      )

NAME OF DAM	I.D. NUMBER
-------------	-------------

COUNTY

LOCATION OF DAM AT CENTERLINE AT MAXIMUM SECTION  
SECTION                                      TOWNSHIP                                      NORTH, RANGE                                      E/W

APPROXIMATE UTM COORDINATES

DAM HEIGHT	RESERVOIR AREA
------------	----------------

PURPOSE OF DAM AND RESERVOIR

NAME OF PERSON FILLING OUT THIS APPLICATION (TYPE OR PRINT)

SIGNATURE

DESCRIBE THE MAINTENANCE AND OPERATION OF THE DAM DURING THE PAST FIVE YEARS:

---

---

---

---

---

---

---

---

**NOTE:** ALL TREES AND WOODY VEGETATION MUST BE REMOVED FROM THE SPILLWAY AND THE EMBANKMENT.

**PLEASE COMPLETE APPLICATION AND INCLUDE CURRENT TELEPHONE NUMBER.**

SUBMIT TO:      Department of Natural Resources  
                         Geological Survey and Resource Assessment Division  
                         Dam and Reservoir Safety  
                         P.O. Box 250  
                         Rolla, Missouri 65402  
                         (573) 368-2175